

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2010
FORM APPROVED
OMB NO. 0938-0391

45th 4/10/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445491		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2010	
NAME OF PROVIDER OR SUPPLIER MCKENDREE VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4347 LEBANON ROAD HERMITAGE, TN 37076			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the fire barrier doors.</p> <p>The findings included:</p> <p>On 2/22/10 at approximately 11:05 AM observation within the one East corridor revealed, the main egress fire doors did not close properly. National Fire Protection Association (NFPA) 101, 7.1.10.1; 101.19.2.1</p> <p>The finding was noted by the Maintenance Director, verified and acknowledged by the</p>			K 018	<p>The Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.</p> <p>K018 On 2/23/10 the fire exit door on One East corridor was repaired. All fire doors in the HealthCenter were inspected and are in compliance. Maintenance will monitor main egress fire doors to ensure they close properly weekly for three months and will report findings to the QA Committee.</p>		2/23/10

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAR 15 2010

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K 018	Continued From page 1	K 018			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the fire barriers. The findings included: On 2/22/10 at approximately 11:50 AM observation within the main dietary office closet revealed, the escutcheon plate around the sprinkler head was hanging loosely. National Fire Protection Association (NFPA) 13, 6.2.8. The finding was noted by the Maintenance Director, verified and acknowledged by the Facility Administrator during the exit interview on 2/22/10.	K 062	On 2/23/10 the loose escutcheon plate around the sprinkler head in the dietary manager's office closet was repaired. All sprinkler heads in the HealthCenter were inspected and are in compliance. Maintenance will monitor sprinkler heads weekly for three months and report findings to QA Committee.	2/23/10	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the	K 147	On 2/23/10 a ground fault circuit in the dietary kitchen next to the dish washing area was installed. On 2/23/10 the power strip to the wall under a desk in the chart room was mounted.	2/23/10 2/23/10	

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K 147	Continued From page 2 electrical system. The findings included: 1. On 2/22/10 at approximately 11:35 PM observation within the dietary area revealed, the electric outlet next to the dish washing area was not a Ground Fault Circuit Interrupter. National Fire Protection Association (NFPA) 70, 210-8(a) (6). 2. On 1/22/10 at 1:55 PM observation within the two (2) East hall chart room next to the Nurses Station revealed there was a powerstrip hanging under the desk. NFPA 70, 110-13(a). 3. Observation within the dietary area to the rear wall revealed the main electric panel had two open slots among the circuit breakers. NFPA 70, 373-4. The findings were noted by the Maintenance Director, verified and acknowledged by the Facility Administrator during the exit interview on 2/22/10.	K 147	On 2/23/10 blanks in the two open slots in the electrical panel in the hall going into the dietary kitchen were installed.	2/23/10	

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